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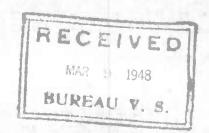
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 151

ERTIFICATE OF DEATH

02817 Reen 1/23

CERTIFICAT	E OF DEATH Reg. Diat. No. 16 2
Ounty City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stata County
3. (a) FULL NAME Theresa May Goods	
4. Sex 5. Color or race 6.(a) Single, married, widowed, at divorced Derivale White Luge	MEDICAL CERTIFICATION 2D, DATE OF DEATH. MISCELL 6 19 48 21 8 29 21
6.(b) Name of husband or wite 6.(c) If alive, give age	21. I CERTIFY that death occurred op the date above stated; that attended deceased from March 1948. and that I last saw have alive on march 5 1948. Immediate cause of death DURATION Due 10.
10. Usual occupation	Due to
13. Birthplace Canal Sand Marke Semon 14. Malden name Duela Marke Semon 15. Birthplace Elle Sorden U. Da 16. Informant Clefford Down	(Include pregnancy within 3 months of death) Major findings of operations
Address Scot Media Villa 17 December of removal Which?) Cemetery or crematory. Address Villa (month) (day) (year) Cemetery or crematory. Address Villa (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Ellisum-elus sorse Address Westers 19. F. Sorsey Pattasén 19. Max 7 19. 4 5 Sorsey Pattasén Registrar Registrar	Injured at home, farm, Industry, public place (where?) Meems of injury Injured at work? 23. SIGNATURE



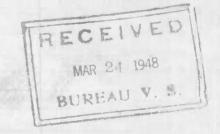
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02818

How leng in above place Hospital, institution, er Hew leng in hespital e 3. (a) FULL NAM	al Near A utside city or town liz of death? 4.0. N street address where d	CCIC	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Md Caunty Garett City or town. Rural Near Accident (If outside city or town limita, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number	
	nn George	Heni	tling	None	
4. Sex	5. Coler er race	1	e, married, widewed, er divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. March 20 1948 at 9:159	.z. M
7. Birth date ef		6.(6	Henftlingyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4.7 to March 20 19.4.8 and that I last saw ha. M	
8. AGE: Years		Days	If less than ene day	Immediate cause of death	
71	- 3	7		Lanes of Orto	*****
11. Industry er busines	Farmer	Md county, and a		Oue to Cancer of Sancreas Due te. Answer: 5 2ml ter	
12. Name	Baltimore	bM s		Dither cenditions 1. Manual 1. Manua	*****
14. Maiden name.	Mondinet	Low	_	(Include pregnancy within 3 months of death) Major findings of operations.	
16. Infermant baral Atenfling				*****	
16. Infermant Acc	ident Mo		any y	Antepsy results	
17. Buria (Burial, cremation	l , or removal. Which?) , Accider	Date there	3-23- I948 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tellewing; Accident, suicide, or homicide	
Lecation	cident	Md		injured at home, farm, industry, public place (where?)	
	Uhu M ntsville	ind	rlug	Meens et Injury Injured at werk?	
F) A	221948	Ett	ir Broaderate	23. SIGNATURE M.D. or other Address Friendsville, Md Date signed 3-22-4.	8



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02819 166

Reg. Diat. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Garrett			
City or town Deer Park, Md. (If outside city or town limits, write RURAL and give nearest town)	state West Va. county Preston		
How long in above place of death?	City or town Borgman, W. Va. (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:			
	Street No		
Now long In hospital or Institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Walter Earl Messenger	234-12-0852		
Walter Earl Messenger. 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married.	20. DATE OF DEATH March 26 1948 at 11 00p.		
6.(6) Name of husband or wife Mildred Marie Messenger.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(c) If alive, give age 41 years	Hammet Affen to the 12 19		
7. Birth date of deceased (mo., day, yr.) February 16th, 1914	and that I last saw halive on		
8. AGE: Years Months Days If less than one day	Inhediste cause of death DURATION		
34 1 9hrsmin.	head and clert		
9. Birthplace Preston County, W. Va.			
9. Birthplace	Due to		
10. Usual occupation. Miner			
11. Industry or business	Due to		
12. Name Walter Franklin Messenger. 13. Birthplace Hutton, Maryland.	Other conditions		
	(Include pregnancy within 8 months of death)		
E 14. maiyen name	Major findings of operations		
≥ 15. Birthplace Phillipi, W. Va.	Date of op.		
16 Informant Mrs. Mildred M. Messenger.	Aotopsy results		
Address Deer Park, Maryland.	PHYSICIAN: Please noderline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burlal, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide. NO MICLE Date of Date of		
Cemetery or crematory Shays Chapel, West Va.	Where did Injury occur? New Jan August (City or town) (County) (State)		
Near Kingward W Va	(City or town) (County) (State)		
Location Control of Co	Means of Injury Sharus Sharus Sharus Juwinjured at work? Ho		
18. Funeral director Landoy D. Dolde.	Means of injury See The See Th		
Address Statiland. Ma.	1 1 1 Sou Go how A'd We		
2/20/ 18 / 1. 1	M. D. or other		
19. (Daté rec'd by/registrar) 18. Tulia according Registrar	Address Dallanous Bate signed 3/26/48		

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APR 21 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0282() Reg. Diat. No. 167

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Garrett	State Maryland County Garrett	
City or town. Kempton Md. Rural (If outside city or town limits, write RURAL and give nearest town)	Valid	
How long in above place of death?	Olty or town. Kempton (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. Rural	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Adam Elf Mosser		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Single	20, DATE OF DEATH MAR. 19 19 48 21 3:30 PM	
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of	19 , 10 19 19	
7. Birth date of deceased (mo., day, yr.) Nov. 17 1858	and that I last saw h	
8. AGE: Years Months Days It less than one day	Immediate cause of death BRONCHO PIVE VMO NOTA UNICADUM	
89 3 2hrsmin.	DISACHS TOLOTTONOTH DIONISCO	
9. Birthplace	Due to	
1D. Usual occupation Farmer		
11. Industry or business	Due 10	
	Other conditions GENERAL 7 CEREBRAL 20 YRS	
12. Name George L. Mosser 13. Sirthplace Germany	Other conditions ARTER 105 CLEROS15 (Include pregnancy within 3 months of death)	
14. Malden name Mary Shaffer	(Include pregnancy within 3 months of death)	
14. Malden name Mary Shaffer Red House, Md.	Major findings of operations.	
	Autonay results. NOT DONE	
16. Informant Mrs. William Bennett	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Kempton, Md.		
Burial (Burial, cremation, or removal, Which?) Date thereot. Mar. 22 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following;	
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory. Cemetery	Where did injury occur?	
Location Red House Md.	Injured at home, farm, industry, public place (where?)	
18. Funeral director Mayne C Spring gla	Maans of Injury Injured at work?	
Address Davis, W.Va.	23. SIGNATURE 7. M. Vis Cuse M.D. or other	
19 3/22 19 48 Elmer C Shaffer	23. SIGNATURE M. D. or other 3/19/48	
(Date rec'd by registrar) Registrar	Address Date signed	

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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Reg. Diat.	No.

Garrett	(For newborn infants give residence of mother)
Vindor	State Maryland County Garrett
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	Vinder
	(11 offering city of court strates, write property and Bite months towns,
Hospital, Institution or street address where death occurred:	Street No Lower Track
DOWOL LIGOR	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Julia Frances Puffenbarger	3.(b) Social Security Number
Female 5. Color or race 6.(a)Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION March 12 48 9:25 A 20. DATE OF REATH
6.(b) Name of husband or wife William Puffenbarger 7. Birth date of deceased (mo., day, yr.) May 1, 1870 May 1, 1870	21. I CE TIFY hat death occurred on the date above stated; that lettended deceased from 2 1s. 2 1s. 4 8 and that last saw h. 2 alive on 1s. 2 1s. 4 1s
8. AGE: 77 Years Months 11 Illess than one dayhrs	acute Universalti
9. Sirihplac Sang Run, Garrett Co., Md. Housework 1D. Usual occupation	Due to left Sules paruly
11. Industry or Business 12. Name	Other conditions Other
Catherine Wolf 14. Maiden name Garrett Co., Md.	(Include pregnancy within 8 months of death) Major findings of operations
Mrs. Floyd Ellifritz 16. Informant Vindex, Md.	Antopsy results
Burial Mar. 14, 1948 17. (Buriai, cremation, or removal. Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory I.O.O.F. Cemetery Elk Garden, W.Va.	Where did injury occur?
18. Funeral director Otha F. Sharpless Blaine, W.Va.	Meene of Injury Injured at work? RelA Coloulelle M. D
19 MAN 13 18 48 AMBANIELS (Date rec'd by registrar) 18 Registrar	23. SIGNATURE M. D. or other Address / Lityrully M. D. Date signed March /3 - 79



2411 N. Charles St., Baltimore

02822

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
County Garrett	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town. Deer Park, Md. (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Garrett			
	City or town. Deer Park, Md. (If outside city or town limits, write RURAL and give near			
How long in above place of death?	(If outside city or town limits, write RURAL and give near	rest town)		
9	Street No. (If rural, give LOCATION)			
How long in hospital or institution?	2.(a) It veteran, name war			
3. (a) FULL NAME	3. (b) Social Security N	Number		
Herbert Livewell Reckard				
4. Sex 5. Color or race B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male White Single	20. DATE OF DEATH. March 11th	at		
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decease			
7. Birth date of	March lith	th 19 48		
7. Birth date of deceased (mo., day, yr.) October 4th, 1947		194		
8. AGE: Years Months Days It less than one day	Immediate cause of death Bronchial Pheumonia	DURATION		
	Dont know	***************************************		

S. Birthplace Garrett County, Maryland. (Town, county, and state)	• Oue to			

10. Usual occupation	Oue to	***************************************		
11. Industry or business Fixon of the Wild I down The above I		***************************************		
12. Name Everett William Reckard. Sarrett County, Maryland.	Other conditions	***************************************		
14. Malden name Norma Edith Day. 15. Birtholace Garrett County Maryland	(Include pregnancy within 3 months of death)			
15. Birthplace Garrett County, Maryland	Major fiadings of operations.			
Everett William Rockand	• Dale of op	*******************		
10. III O III all Carrier and	Autopsy results.			
Address Deer Park Md.	PHYSICIAN: Please underline the cause to which death should be charged st.	atistically.		
Burial Burial (Burial, cremation, or removal, Which?) Oate thereof March 14/48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing:			
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory. Deer Park Cemetery.	Where did injury occur?	(State)		
Location Deer Park Maryland.	Injured at home, farm, Industry, public place (where?)			
18. Funeral director Engrange D. Bolden	Meana of Injury Injured at work?			
of the state of th	20 - 21 F De	125		
Address fatelahot, Mg.	The state of laws	1104		
" 7/14/ " 48 Helia a Kowan	23. SIGNATURE M. D. or			
(Date fee'd by registrar) Registrar	Maryiana Maryiana	-12-48		

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2411 N. Charles St., Baltimore	830	
CERTIFICATE OF DEAT	TH	

02823 Reg. Dist. No. /62

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Garett	(For newborn infants give residence of mother)
Chrostown Rural Barton Md	State Md County Garett
(If outside city or town limits, write RURAL and give nearest town)	Rural Barton Md
How long in above place of death? Life	(if outside city or town timits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Sireet No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Samuel F. Warnick	None
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Single	20. DATE OF DEATH March 26 19 48 , 9 7. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I aftended deceased from
	Lames age les déals
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) December I7-I866	
8. AGE: Years Months Days It less than one day	Immediate cause of death.
8I 3 9hrsmin.	w and some control
9. Birthplace Elbow Road Barton Md (Town, county, and state)	Due fo.
tD. Usual occupation. Retired Farmer	
tD. Usual occupation	Due fo
11. Industry or business	
12 Name Joseph Warnick	Dither conditions Hampleya
13. Birtholace Barton Md	
25 25 25 25 25 25 25 25 25 25 25 25 25 2	(Include pregnancy within 8 months of death)
	Major findings of operations
15. Birthplace Barton Md	Date of og.
18 Informant Miss Elsie Custer	Autopsy results.
TO SHIOTHIGHT	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Address Barton Md	
17 Burial Date thereof 3-29-I948	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriat, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Warnick	Where did Injury occur?
Location Elbow road Rural Barton Md	Injured at home, farm, Industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director I'm Minula lang	O D O A DOATS.
Address Grantsville Md	Danielas from Mid. had Cremer.
marely 27 . 48 Ethel Broaduater-	23. SIGNATURE M. D. or owner
(Date rec'd by registrar) Registrar	Address Dat Caus / Date signed 5/26/48

